

Fill in this information to identify the case:

Debtor name Advance Transit Mix, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

Case number (if known) 25-12082

☐ Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	<p>Priority creditor's name and mailing address Commonwealth of Pennsylvania Bureau of Motor Vehicles 1101 South Front Street Harrisburg, PA 17104-2516</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vehicle Registration</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,056.00	\$2,056.00
2.2	<p>Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346</p> <p>Date or dates debt was incurred Tax Year August 31, 2016</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: taxes</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$26,490.79	\$26,490.79
2.3	<p>Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346</p> <p>Date or dates debt was incurred Tax Year August 31, 2023</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: taxes</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$16,804.23	\$16,804.23

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<b>2.4</b>	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$510.02	\$510.02
	Date or dates debt was incurred P&I - 941, 1st Q2022	Basis for the claim: taxes		
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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<b>2.5</b>	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$61,328.27	\$61,328.27
	Date or dates debt was incurred Delinquent Federal Taxes	Basis for the claim: taxes		
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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<b>2.6</b>	Priority creditor's name and mailing address Penn-Delco School District Attn: Tax Payments P.O. Box 95000-2095 Philadelphia, PA 19195-2095	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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<b>2.7</b>	Priority creditor's name and mailing address Township of Darby Darby Township Municipal Building 21 North Bartram Avenue  Glenolden, PA 19036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: Municipal Claim/Sewer		
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

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3.1	<b>Nonpriority creditor's name and mailing address</b> AIS c/o National Partners 2655 S. LeJuene Suite 800 Miami, FL 33134 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed                 </div> <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$206,869.30
3.2	<b>Nonpriority creditor's name and mailing address</b> Anna Pachini c/o Patrick T. Henigan, Esquire 300 W. State Street Suite 300 Media, PA 19063 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed                 </div> <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$328,591.33
3.3	<b>Nonpriority creditor's name and mailing address</b> Arrow 1772 Pulaski Highway Bear, DE 19701 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed                 </div> <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,576.20
3.4	<b>Nonpriority creditor's name and mailing address</b> Barsz Gowie Amon Fultz c/o Peter Barsz 1400 N. Providence Road Building 2, Suite 1040 Media, PA 19063 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed                 </div> <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,481.15
3.5	<b>Nonpriority creditor's name and mailing address</b> Bob's Towing P.O. Box 1619 Levittown, PA 19058-1619 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed                 </div> <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$787.50
3.6	<b>Nonpriority creditor's name and mailing address</b> Brinker Simpson & Company, LLC 1400 N. Providence Road Rosetree Building 2 Suite 2000E Media, PA 19063 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed                 </div> <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,895.00
3.7	<b>Nonpriority creditor's name and mailing address</b> Catania Law Offices, LLC 20 W. Second Street Media, PA 19063 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed                 </div> <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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<b>Name</b>			

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<b>3.8</b>	<b>Nonpriority creditor's name and mailing address</b> Cintas P.O. Box 631025 Cincinnati, OH 45263-1025  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$71.46</u>
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<b>3.9</b>	<b>Nonpriority creditor's name and mailing address</b> EZ Pass Customer Service Center 300 E. Park Drive #2729 Harrisburg, PA 17111  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,577.25</u>
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<b>3.10</b>	<b>Nonpriority creditor's name and mailing address</b> H. Gilroy Damon Associates, Inc. Attn: David P. Damon, PE, PLS, President P.O. Box 1158 1343 Chester Pike Sharon Hill, PA 19079  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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<b>3.11</b>	<b>Nonpriority creditor's name and mailing address</b> Heavy Duty Truck Pro 29787 Network Place Chicago, IL 60673-1787  Date(s) debt was incurred _ Last 4 digits of account number <u>D007</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,842.11</u>
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<b>3.12</b>	<b>Nonpriority creditor's name and mailing address</b> HMC Mixers P.O. Box 499 Avilla, IN 46710  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,744.44</u>
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<b>3.13</b>	<b>Nonpriority creditor's name and mailing address</b> MacMain Leinhauser Attn: Brian H. Leinhauser, Partner 433 W. Market Street Suite 200 West Chester, PA 19382  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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<b>3.14</b>	<b>Nonpriority creditor's name and mailing address</b> PA Turnpike Toll by Plate P.O. Box 645631 Pittsburgh, PA 15264-5254  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$345.50</u>
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3.15	<b>Nonpriority creditor's name and mailing address</b> Peter Manaras, Esquire Giribaldi & Manaras 117-119 North Olive Street Media, PA 19063  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.16	<b>Nonpriority creditor's name and mailing address</b> Peter R. Barscz, CPA, CGMA c/o Barsz Gowie Amon Fultz Rose Tree II 1400 N. Providence Road Building 2, Suite 1040 Media, PA 19063  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.17	<b>Nonpriority creditor's name and mailing address</b> Philadelphia Parking Authority Parking Violations Branch P.O. Box 41819 Philadelphia, PA 19101  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00
3.18	<b>Nonpriority creditor's name and mailing address</b> Salerno Tire Corporation 1400 Calcon Hook Road Sharon Hill, PA 19079  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,156.18
3.19	<b>Nonpriority creditor's name and mailing address</b> Sorentino Express 46 Cedarbrook Lane Cedarville, NJ 08311  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$679.32
3.20	<b>Nonpriority creditor's name and mailing address</b> Suburban Propane P.O. Box J Whippany, NJ 07981-0409  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>6075</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.00
3.21	<b>Nonpriority creditor's name and mailing address</b> T-Mobile c/o AmSher Compassionate Collections 4524 Southlake Parkway #15 Hoover, AL 35244  Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>3739</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,035.90

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<b>3.22</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b>	<b>\$277.70</b>
	Waste Management	<input type="checkbox"/> Contingent	
	3605 Grays Ferry Avenue	<input type="checkbox"/> Unliquidated	
	Philadelphia, PA 19146	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred <u>          </u>	Basis for the claim: <u>          </u>	
	Last 4 digits of account number <u>          </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 Patrick T. Henigan, Esquire Eckell, Sparks, Levy, Auerbach, Monte, Sloane, Matthews & Auslander, P.C. 300 W. State Street, Suite 300 Media, PA 19063	Line <u>3.2</u>  <input type="checkbox"/> Not listed. Explain <u>          </u>	<u>          </u>

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1	Total of claim amounts
5b. Total claims from Part 2	5a. \$ <u>107,189.31</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5b. + \$ <u>616,786.34</u>
	5c. \$ <u>723,975.65</u>